

Appendix IV

Sample Stipend Reimbursement Forms

- 1) Registration - May 6, 1998, Santa Barbara County
SELPA
- 2) Comprehensive System of Personnel Development
(CSPDAC) Regional Coordinating Council, Request
for Reimbursement

Registration - May 6, 1998
CSPDAC Region F
Strategic Planning Institute

Name: _____ Title: _____

Organization: _____

Address: _____

Phone: (a.m.) _____ (p.m.) _____

(FAX) _____

Check services you will require:

☐ Sign Language ☐ Spanish

If you are a parent/family member, check those that you will be claiming.

☐ Stipend ☐ Mileage - Indicate miles: _____

Please Return by APRIL 27, 1998

To: Santa Barbara County SELPA
401 N. Fairview Ave.
Santa Barbara, CA 93117

**COMPREHENSIVE SYSTEM OF PERSONNEL DEVELOPMENT
(CSPDAC)
REGIONAL COORDINATING COUNCIL**

**Training on Transition Stipend
Request for Reimbursement**

Name: _____

Address: _____

City and ZIP: _____

Social Security #: _____

Phone: _____

Please send stipend for \$50.00 for Training on Transition presented by me:

Date: _____

Place: _____

Audience (type): _____

Number in audience _____ (must be at least 10)

Length of presentation _____ (must be at least 1 hour)

Please attach workshop notice or flyer to this request.

Did you cover all of the required, essential training elements? (Check below):

- ☐ Federal Corrective Action Plan areas
- ☐ IEP mechanics
- ☐ Implementation

Signed: _____ Date: _____

Return this form to Kathleen Blake, Coordinator, Santa Barbara County SELPA,
401 North Fairview Avenue, Goleta 93117.